

FOR OFFICE USE ONLY

**NOTICE:** ANY CHANGE OF INFORMATION ON THIS REGISTRATION STATEMENT MUST BE FILED WITHIN 10 DAYS.

## 1. CANDIDATE AND CANDIDATE COMMITTEE INFORMATION

## 2. POLITICAL COMMITTEE INFORMATION

Name of Committee <b>Committee to Recall Kleefisch</b>	
Address - Number, Street, City, State and Zip Code <b>PO Box 2569, Madison, WI 53701</b>	
Telephone Number <b>608.318.4250</b>	Committee Email Address <b>wirecallcommittee@gmail.com</b>
Sponsoring Organization - Name and Complete Address <b>United Wisconsin - 1605 Monroe, Madison, WI 53711</b>	
Acronym (if any)	
<b>Type of Committee:</b> A. <input type="checkbox"/> Special Interest Committee (PAC) <input type="checkbox"/> Resident Committee <input type="checkbox"/> Nonresident Committee <input type="checkbox"/> Incorporated Labor Organization - Attach Information Required by s.11.05(3)(n), Stats. B. <input type="checkbox"/> Political Party Committee <input type="checkbox"/> National <input type="checkbox"/> State <input type="checkbox"/> County <input type="checkbox"/> Other _____ C. <input type="checkbox"/> Legislative Campaign Committee – Attach Statement Required by s.11.05(3)(o), Stats. D. <input type="checkbox"/> Political Group (Referendum) _____ <input type="checkbox"/> Support <input type="checkbox"/> Oppose Name of Referendum E. <input checked="" type="checkbox"/> Recall Committee <u>Lt. Governor Rebecca Kleefisch</u> <input checked="" type="checkbox"/> Support Recall <input type="checkbox"/> Oppose Recall Name of Officer Subject to Recall - Attach Statement Required by s.9.10(2)(d) F. <input type="checkbox"/> Independent Committee - Also, Complete Oath of Independent Expenditures, Form GAB-6 G. <input type="checkbox"/> Individual - Also, Complete Oath of Independent Expenditures, Form GAB-6	

**3. COMMITTEE TREASURER** (Campaign finance correspondence is mailed to this address.)

Treasurer's Name <b>Julie Wells</b>	Telephone Number (residence) <b>6083184250</b>
Address (number and street) <b>311 Halcyon Place</b>	Telephone Number (employment)
City, State and Zip Code <b>Fort Atkinson, WI 53538</b>	Treasurer Email Address <b>wirecallcommittee@gmail.com</b>

**4. PRINCIPAL OFFICERS OF COMMITTEE AND OTHER CUSTODIANS OF BOOKS AND ACCOUNTS**

Attach additional listing if necessary. Indicate which officers or committee members are authorized to fill a vacancy in nomination due to death of candidate by an asterisk(\*). This provision only applies to independent and local nonpartisan candidates. s.8.35, Stats.

NAME	MAILING ADDRESS	Email Address	Phone #	POSITION
<b>Julie Wells</b>	<b>311 Halcyon Place, Fort Atkinson, WI 53538</b>	<b>wirecallco mmittee@ gmail.com</b>	<b>608.31 8.4250</b>	<b>petiti oner</b>

**5. DEPOSITORY INFORMATION**

Name of Financial Institution <b>Summit Credit Union</b>	Account Number (Attach list of any additional accounts and deposit boxes, location, type and number, i.e., savings, checking, money market, etc.) <b>1852xxxx</b>
Address (number and street) <b>PO Box 8046</b>	City, State and Zip Code <b>Madison, WI 53708</b>

**CERTIFICATION****TREASURER**

I, **Julie Wells** (print full name) certify the information in this statement is true, correct and complete.

Signature \_\_\_\_\_, Treasurer

**11/15/2011**

Date

**CANDIDATE**

I, \_\_\_\_\_ (print full name) certify the information in this statement is true, correct and complete, and that this is the only committee authorized to act on my behalf.

Signature \_\_\_\_\_, Candidate

Date

**+++ EXEMPTION FROM FILING CAMPAIGN FINANCE REPORTS §11.05(2r), Wis. Stats. +++**

You may be eligible for an exemption from filing campaign finance reports. Consult the Campaign Finance Instruction and Bookkeeping Manual to determine if the registrant qualifies for exemption.

☐ This registrant is eligible for exemption. This registrant will not accept contributions, make disbursements or incur obligations in an aggregate amount of more than \$1,000 in a calendar year or accept any contribution or cumulative contributions of more than \$100 from a single source during the calendar year, except contributions by a candidate to his or her campaign of \$1,000 or less in a calendar year.

☐ This registrant is no longer eligible to claim exemption.

Signature of Candidate or Treasurer

Date

THE INFORMATION ON THIS FORM IS REQUIRED BY §§9.10(2)(d), 11.05, 11.06(7), WIS. STATS. FAILURE TO PROVIDE THE INFORMATION MAY SUBJECT YOU TO THE PENALTIES OF §§8.30(2), 11.60, 11.61, 11.66, WIS. STATS.

STATE OF WISCONSIN

Jefferson  
(Name of County)

Fort Atkinson City  
(Name of Municipality)

**STATEMENT OF INTENT TO CIRCULATE RECALL PETITION**

THE UNDERSIGNED RECALL PETITIONER, Julie Wells  
(Print Name)

STATES HIS/HER INTENT TO CIRCULATE, PURSUANT TO S.9.10 OF THE WISCONSIN  
STATUTES, A PETITION TO RECALL,

Lieutenant Governor Rebecca Kleefish  
(Indicate the name of, and office held by, the official being recalled).

Today, I am officially submitting paperwork to recall Rebecca Kleefish because Kleefish has lied to the  
people of Wisconsin and is destroying our state. Kleefish has taken away the rights of workers, is destroying  
our education system, and is selling our state to the big corporations that put her in office.

This is a rare step that our state has not taken before, but Walker's actions leave us no choice - we cannot  
take one more day of Kleefish as Lieutenant Governor. I am proud to be one of the thousands of United  
Wisconsin supporters who have pledged to recall Kleefish, and I am filing this on their behalf and for the  
thousands of Wisconsin residents who have been hurt by Rebecca Kleefish.

I have not been involved in politics before, but Kleefish's actions have motivated me to stand up for my state.  
I look forward to standing with the hundreds of thousands of Wisconsin residents who will be joining me in  
signing the petitions to recall Rebecca Kleefish.

*(This statement should be appended to the Campaign Registration Statement (GAB-1) filed with the filing officer.)*

Dated this 15th day of November, 2011

(Signature of Petitioner)

(Notary Not Required)